

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 518350

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3	1		1			
4	1		1			
5	1		1			
6	5		5			
7	5		5			
8	①		5			
9	①		5			
10	①		5			
11	①		5			
12	①		5			
13	①		5			
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TOTAL IND.	1		1			
TOTAL DEP.	24	←	54	←	←	
TOTAL CLAIMS	27		55			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.				↓		
TOTAL CLAIMS				←	←	←